Beyond what’s required

2023 Health Plans for Oregon Small Groups | 1–50
PacificSource Health Plans is a **not-for-profit community health plan**. We don’t answer to shareholders but to members, providers, producers, and employers—the people who depend on our products and services.
Here to help

Since our founding in 1933, we’ve learned a lot about keeping members and employers satisfied. Year in and year out, we’ve invested in the relationships and technologies that mean a better experience for all.

Our staff is right here in the Northwest. We answer member calls in less than 30 seconds on average, according to internal call reports. And we’re committed to doing what it takes to keep clients happy.

98%

That’s our average employer satisfaction rating, based on surveys conducted March 2021 – February 2022. The remaining 2%? We’re working on it.
Benefits that go beyond what’s required

**Expanded telehealth coverage**
Members can see a doctor without leaving home. Your employees get the care they need, where and when they need it.

**No referrals required with any plan**
Our plans don’t require members to visit a primary care doctor before seeing a specialist. (Some specialists may have their own referral requirements.)

**No-cost preventive care and preventive drugs**
We’re pleased to offer $0 copays on:

- Well-baby and well-child care
- Annual checkups
- Prenatal consultations
- Preventive mammograms and colonoscopies
- Immunizations
- Dozens of preventive drugs—including 82 more than the law requires on most plans

**Human service**
No automated phone trees or offshore call centers

**Client service that puts you first**
You’ll have a dedicated representative who’s focused on you, your plan details, and helping you control costs.
PacificSource Health Plans covers more than 234,000 members and their families in the Greater Northwest. Our business clients include companies working in a variety of industries. That’s experience we can leverage to help you.

Manufacturing  Construction  Education  Legal

Wholesale Supply  Medical  Retail  Restaurants

Banking  Agriculture  Nonprofit  Transportation

Source: monthly enrollment report, March 2022
InTouch puts you in charge

Manage employee benefits from your computer, phone, or tablet, 24/7.

You’ll have employer-only access to all your insurance information through our secure online portal.

With InTouch for Employers you can:

- **Easily pay your bill**
  View statements, pay online, and review payment history.

- **Run reports**
  Know who and how many employees are covered.

- **Get info on demand**
  See benefit summaries, your contract, handbooks, and more.

- **Manage enrollment status**
  Easily add, update, and delete employee information.

- **ID cards**
  Request ID cards or print them on demand.

- **Keep in touch**
  Easy-to-find contact information for your PacificSource representatives.
Voyager

A statewide network of healthcare professionals and facilities—the doctors and hospitals employees want

In Oregon, the Voyager network includes:

- Legacy Health
- Legacy Health Partners
- OHSU Health
- Central Oregon Independent Practice Association
- McKenzie-Willamette Medical Center
- PeaceHealth
- Providence Medical Group in Ashland, Central Point, Eagle Point, Grants Pass, and Medford
- St. Charles Health System
- Asante Health
- Saint Alphonsus Health System

Voyager gives members access to thousands of independent practitioners, including acupuncture, chiropractic, and naturopathic care providers. Voyager also offers out-of-network benefits for greater freedom and choice.

Voyager is available for purchase by businesses located in the following counties: Baker, Jackson, Josephine, and Malheur

In-network, nationwide

Outside the Northwest?

With Voyager, your in-network coverage goes with you thanks to partnerships with First Health® and First Choice Health™.
## 2023 Oregon | Voyager Small Group Medical Plans

| Plan Level | Bronze HSA 7500 | Bronze HSA 4600 | Bronze HSA 5500 | Gold HSA 3300 | Gold HSA 4300 | Gold HSA 5500 | Platinum 3000 | Gold 3000 | Gold 3000 | Gold 3000 | Gold 3000 | Gold 3000 | Gold 3000 | Gold 3000 | Gold 3000 | Silver 3000 | Silver 5000 | Silver 5000 | Silver 5000 | Silver 5000 | Standard Gold | Standard Silver | Standard Bronze |
|------------|----------------|----------------|----------------|---------------|---------------|---------------|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|---------------|---------------|---------------|
| In Network | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | 90% after deductible | 90% after deductible | 90% after deductible | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full |
| Out of Network | 90% after deductible | 90% after deductible | 90% after deductible | 90% after deductible | 90% after deductible | 90% after deductible | 90% after deductible | 90% after deductible | 90% after deductible | 90% after deductible | 90% after deductible | 90% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | 30% after deductible | 30% after deductible | 30% after deductible | 30% after deductible | 30% after deductible | 30% after deductible | 30% after deductible |
| HIV/AIDS | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount | Up to 100% of allowed amount |

*Adult value included in this plan.

Out-of-network services are covered up to an allowed amount. After that amount is reached, members may be subject to balance billing. This is a brief summary. Contact us at 888-787-7000, TTY: 711 for details on or see a plan Summary of Benefits.

OUT OF NETWORK: Covered in full up to $500, 0% after deductible. 90% after deductible.

Covered in full up to $500, 0% after deductible. 90% after deductible.

OUT OF NETWORK: 30-day max visits per benefit period:
- Primary (including behavioral, Urgent, Primary/Office Visits, Specialist: $25 no deductible)
- Urgent: $25 no deductible
- Up to 8 visits:
  - Tier 1: $15 deductible
  - Tier 2: $25 deductible
  - Tier 3 & 4: $75 deductible

In Network: Covered in Full.

Visits per benefit period:
- Behavioral: $25 no deductible
- Urgent: $50 deductible
- Special: $40 deductible
- Urgent: $40 deductible
- Urgent: $35 deductible
- Urgent: $30 deductible
- Urgent: $40 deductible

Fees after deductible:
- Tier 1: $15 deductible
- Tier 2: $30 deductible
- Tier 3 & 4: $75 deductible

Phone: 844-787-7000, TTY: 711. We accept all relay calls.
### 2023 Oregon | Small Group Dental Plans

**Dental Choice**
- **Class I**
  - Preventive Services
  - Fillings, including composite
  - Sealants
  - Extractions
- **Class II**
  - Periodontal scaling and root planing
  - Complicated oral surgery
- **Class III**
  - Cosmetic Orthodontia*

**Dental Choice Plus**
- **Class I**
  - Preventive Services
  - Fillings, including composite
  - Sealants
  - Extractions
- **Class II**
  - Periodontal scaling and root planing
  - Complicated oral surgery
- **Class III**
  - Cosmetic Orthodontia*

**Dental Advantage**
- **Core**
  - Preventive Services
  - Fillings, including composite
- **Choice**
  - Periodontal scaling and root planing
- **Plus**
  - Cosmetic Orthodontia*

**Dental Advantage Plus**
- **Core**
  - Preventive Services
  - Fillings, including composite
- **Choice**
  - Periodontal scaling and root planing
- **Plus**
  - Cosmetic Orthodontia*

**Kids Dental Advantage**
- **Kids Core**
  - Preventive Services
  - Fillings, including composite
- **Kids Choice**
  - Periodontal scaling and root planing
- **Kids Plus**
  - Cosmetic Orthodontia*

### Vision Plans

**Vision for kids**
All of our medical plans include full coverage for in-network pediatric eye exams. Out-of-network eye exams are covered up to $40 with no deductible. After that, the member pays 100%. Pediatric vision hardware is covered in full to $100. After that, it’s subject to an indemnity schedule and member share starts at 50%, depending on the plan.

**Vision for adults**
All of our medical plans include coverage for adult eye exams, and many include coverage for vision hardware such as contact lenses or glasses. Please see the Plan Comparison chart following page 6 for differences among plans.

For more details on our vision benefits, please contact your broker or our team at the contact information listed on the back of this brochure.

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### What's covered?

**Class I: Preventive Services**
- Exams and x-rays
- Dental cleanings (prophylaxis or and/or curettage maintenance)
- Fluoride applications
- Sealant on deciduous and permanent molars (kids through age 18 only)
- Brush bioeasures

**Class II: Basic Services**
- Simple extractions
- Periodontal scaling and root planning and/or curettage maintenance
- Fluoride applications
- Sealant on deciduous and permanent molars (kids through age 18 only)
- Brush bioeasures

**Class III: Major Services**
- Full, immediate, or overdentures
- Dentures and bridges
- Child orthodontia medically necessary only; all plans, kids through age 18

**Cosmetic Orthodontia**
- Available to groups with 25-50 enrolled employees
- Available with any dental plan purchased direct through PacificSource Docent Core and Kids plans
- $1,000 lifetime max, 12-month wait period, wait period reduced or eliminated with prior orthodontic coverage

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**Plan Comparison Chart**
Please see the Plan Comparison chart following page 6 for differences among plans.

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**Accessibility help:** for assistance reading this table or the rest of the document, please call us at 888-977-9299, TTY: 711. We accept all relay calls.
Choose **one plan, or more**

**All our plans are designed to help members feel well and stay healthy, including benefits for preventive care, $0 annual physicals, and most vaccinations.**

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Our Right Fit options let your employees choose the premium and coverage that suit them best.

- Employees may choose from two to four different products.
- There’s no minimum enrollment, but the number of plans you offer can’t exceed the number of enrolling employees.
- Employees can change products during open enrollment.
- Minimum employer contribution: 50% employee/0% dependents of your lowest-cost plan.

Underwriting guidelines apply.

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**HSA**

Health Savings Accounts (HSA) are a win-win

HSA-qualified plans help employees save money for healthcare expenses, such as deductibles and coinsurance. They also help employers save premium dollars—and your contributions to HSA accounts are exempt from payroll taxes.

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**HRA**

Health Reimbursement Arrangements (HRA) to combat costs

With an HRA, you reimburse some of your employees’ medical expenses. You control how much to contribute and which types of expenses are eligible. And if you choose PacificSource Administrators, Inc., they can take care of claims filing and reimbursement through Easy Pay.
At a glance, your PacificSource coverage includes:

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>No-cost wellness programs</td>
<td>to encourage employee fitness, nutrition, and behavioral health</td>
</tr>
<tr>
<td>Pediatric vision benefits</td>
<td>with all plans, and adult vision on a select few</td>
</tr>
<tr>
<td>Affordable fitness center access</td>
<td>from our partner, Active&amp;Fit Direct™</td>
</tr>
<tr>
<td>$500 accident benefit</td>
<td>for covered services due to an accident outside of work</td>
</tr>
<tr>
<td>24-Hour NurseLine</td>
<td>at no cost</td>
</tr>
<tr>
<td>Education reimbursement</td>
<td>up to $150 for health and wellness classes</td>
</tr>
<tr>
<td>No-cost care management</td>
<td>for chronic conditions</td>
</tr>
<tr>
<td>Prenatal program</td>
<td>for expectant parents</td>
</tr>
<tr>
<td>Easy online access</td>
<td>for you and your employees</td>
</tr>
<tr>
<td>Home delivery of prescriptions</td>
<td>—up to a 90-day supply</td>
</tr>
<tr>
<td>Worry-free travel</td>
<td>with global emergency services from Assist America®</td>
</tr>
</tbody>
</table>

Additional benefits are not considered insurance.
Next steps:

**Choose a health plan or plans**
Shop online at PacificSource.com/shop-plans/employers/small-group

**Decide on dental**

**Enroll**
Contact your broker or call us at 866-797-2312, TTY: 711 We accept all relay calls
We’re here to help.

We know that each step may require guidance, so please contact us with any questions.

Monday through Friday from 8:00 a.m. to 5:00 p.m.

**Phone:** 866-797-2312  
**TTY:** 711. We accept all relay calls.

**Portland:** PortlandSales@PacificSource.com  
**Bend:** BendSales@PacificSource.com  
**Springfield:** SpringfieldSales@PacificSource.com  
**Medford:** MedfordSales@PacificSource.com

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